Utah Afterschool Network
Employee Verification for Afterschool Incentive
This Form Must be Completed By the Employer

Employment Information

Employee Legal Name: _____

Child Care Licensing background check number: _____

Start Date of Employment: _____ Currently Employed? ___Yes ___No

End Date of Employment: _____

Employer/ Facility Information

Company Name: _____

Corporate Name: (if different) _____

Facility license number:_____

Name of supervisor or HR contact: _____

Phone number of supervisor or HR contact: _____

I certify that the above employee has worked at least **10 hours per week**, directly with youth **ages 5-18 in an afterschool program** OR directly supervises or has supervised those who work with youth ages 5-18 in an afterschool program, during the **above noted dates**. This form will be accepted via email with signatures. In addition, I HAVE REVIEWED OR WILL REVIEW THE INCENTIVE VERIFICATION FORM, COMPLETED BY THE APPLICANT.

_____

Employer Signature